									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD													
	Efféctive October 1, 2003								10815118				
Ŀ	CLAIMS AS FILED - PART I (Column 1) (Column 2)								ENTITY	 Of		R THAN ENTITY	
IF:	TOTAL CLAIM	T	37				RATE	FEE	7	RATE	FEE		
ļ	OR		NUMBER FILED		NUMBER EXTRA		BASIC F		7		770.00		
-	OTAL CHARG	 	37 minus 20=		• 17		X\$ 9=		= -	V212 -			
-	DEPENDENT	- 6			* 3 :			-	OF		-		
-		ENDENT CLAIM		<u> </u>				X43=.		OA	X86= -	258-	
				•			1	+145=		- OA	+290≡	-	
If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL OR TOTAL OTHER											1334		
/			SMALL	ENTITY	OR.	OTHER	THAN						
V		CLAIMS .	Τ.	(Colum	ST	(Column 3)	1 1		ADDI-	٦¨		ADDI-	
		REMAINING AFTER AMENOMENT		PREVIO	USLY	PRESENT : EXTRA		RATE	TIONAL FEE	-	RATE	TIONAL FEE	
AMENDMENT	Total	· 22	Minus	- 3	7	=		X\$ 9=		OR	X\$18=		
ME	Independent	. 3	Minus	/		=				1	·X86≃		
4	FIRST PRES	ENTATION OF M	IULTIPLE DE	PENDENT	CLAÌM		 		-	OR.			
		* :			•		·L	14145=	<u>: :</u>	OR	+290= TOTAL		
	(0-1)									JOR	ADDIT. FEE		
~		(Column 1) CLAIMS	T	(Columnia)	ST	(Column 3)	ı		ADDI-	1 1	· ·	ADDI-	
ENT B	·	AFTER AMENOMENT		PREVIOL PAID F	JSLY.	PRESENT. EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
AMENDMENT	Total		Minus		· ·	=.		X\$ 9=		OR	X\$18=		
H H	Independent		Minus	in ·		=		X43=	· .	OR	X86=	•	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +1'45=										1 1	+290=		
		•	•	•			L	TOTAL		OR	TOTAL		
		(0.1	•				. AE	OOIT. FEE		OR,	ADDIT. FEE		
T	· · · · ·	(Column 1) CLAIMS		(Column		(Column 3)	_	· · · · · · · · · · · · · · · · · · ·	1001	r	·		
2		REMAINING AFTER		NUMBE PREVIOU:		PRESENT EXTRA		RATE .	ADDI- TIONAL		RATE	ADDI- TIONAL	
1		AMENDMENT		PAID FO	A	·	-		FEE	-		FEE .	
-	[nial	*	Minus	44		= .		X\$ 9=		OA	X\$18=		
Ľ	ndependent	ATATION OF MI	Minus .	ELIDENT C		-		X43=	· .4	OR	X86=		
1'	mai Pheati	NTATION OF MU	CHPLE DEF	ENDENI C	MIM.		1	-145=			+290=		
H ti	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OF L	TOTAL		
*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE													
Th	e "Highes! Numb	er Previously Paid	For* (Total or	Independeni)	is the h	ighest number f	löynd	in the appr	opriale box	in colun	nn 1.		